## Instructions for Optional Application for Federal Employment - OF 612

You may apply for most Federal jobs with a resume, an Optional Application for Federal Employment (OF 612), or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job. Type or print clearly in black ink. Help speed the selection process by keeping your application brief and sending only the requested information. If essential to attach additional pages, include your name and Social Security Number on each page.

- For information on Federal employment, including alternative formats for persons with disabilities and veterans' preference, contact the U.S. Office of Personnel Management at 478-757-3000, TDD 478-744-2299, or via the Internet at <a href="www.USAJOBS.opm.gov">www.USAJOBS.opm.gov</a>.
- If you served on active duty in the United States Military and were separated under honorable conditions, you may be eligible for veterans' preference. To receive preference, if your service began after October 15, 1976, you must have a Campaign Badge, Expeditionary Medal, or a service-connected disability. Veterans' preference is not a factor for Senior Executive Service jobs or when competition is limited to status candidates (current or former career or career-conditional Federal employees).
- Most Federal jobs require United States citizenship and also that males over age 18 born after December 31, 1959, have registered with the Selective Service System or have an exemption.
- · The law prohibits public officials from appointing, promoting, or recommending their relatives.
- Federal annuitants (military and civilian) may have their salaries or annuities reduced. Every employee must pay any valid delinquent debt or the agency may garnish their salary.
- Send your application to the office announcing the vacancy. If you have questions, contact the office identified in the announcement.

## **Privacy Act Statement**

The U.S. Office of Personnel Management and other Federal agencies rate applicants for Federal jobs under the authority of sections 1104, 1302, 3301, 3304, 3320, 3361, 3393, and 3394 of title 5 of the United States Code. We need the information requested in this form and in the associated vacancy announcements to evaluate your qualifications. Other laws require us to ask about citizenship, military service, etc. In order to keep your records in order, we request your Social Security Number (SSN) under the authority of Public Law 104-134 (April 26, 1996). This law requires that any person doing business with the Federal government furnish an SSN or tax identification number. This is an amendment to title 31, Section 7701. Failure to furnish the requested information may delay or prevent action on your application. We use your SSN to seek information about you from employers, schools, banks, and others who know you. We may use your SSN in studies and computer matching with other Government files. If you do not give us your SSN or any other information requested, we cannot process your application. Also, incomplete addresses and ZIP Codes will slow processing. We may confirm information from your records with prospective nonfederal employers concerning tenure of employment, civil service status, length of service, and date and nature of action for separation as shown on personnel action forms of specifically identified individuals.

## **Public Burden Statement**

We estimate the public reporting burden for this collection will vary from 20 to 240 minutes with an average of 40 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. Send comments regarding the burden statement or any other aspect of the collection of information, including suggestions for reducing this burden to the U.S. Office of Personnel Management (OPM), OPM Forms Officer, Washington, DC 20415-7900. The OMB number, 3206-0219, is currently valid. OPM may not collect this information and you are not required to respond, unless this number is displayed. Do not send completed application forms to this address. Follow directions provided in the vacancy announcement(s).

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

## **OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612**

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|---------------------------------|---|--|---|--|-------------------|---|---|--|--|--|
|                                 | ★ Use Standard Sta<br>type or print "OV" in             | ite Postal Codes (abbrevia   | ations). If outs                        | Applicant II<br>side the United S<br>Country field (Bl | States of America | , and you do not have a milita<br>aving the Zip Code field (Block | ry address,<br>s 6d) blank                                |  |  |  |
| 1.                              | Job title in announcement                               |  |   | 2. Grade(s)  |                   | 3. Announcement num   | 10,110-1 01010-10-17-17-17-17-17-17-17-17-17-17-17-17-17- |  |  |  |
| 4a                              | ı. Last name  |  | 4b. First an                            | nd middle nam  | es                | 5. Social Security Num  | ber   |  |  |  |
| 6a                              | a. Mailing address ★                                    |  |   |  |                   | 7. Phone numbers (inclining if within the United S                | ude area code<br>states of America)                       |  |  |  |
|                                 |   |  |   |  |                   | 7a. Daytime   |   |  |  |  |
|                                 | o. City   |  | 6c. State                               | 6d. Zip Cod  | e<br>             | 7b. Evening   |   |  |  |  |
| 6e                              | e. Country (if not within the                           | United States of Amer  | rica)                                   |  |                   |   |   |  |  |  |
| 8. Email address (if available) |   |  |   |  |                   |   |   |  |  |  |
|                                 | Describe your pa  | aid and nonpaid work exp   |   | 3 — Work Exp<br>d to this job for t                    |                   | plying. Do not attach job desc                                    | ription:  |  |  |  |
| 1.                              | Job title (if Federal, includ                           | e series and grade)  |   |  |                   |   |   |  |  |  |
| 2.                              | From (mm/yyyy)  | 3. To (mm/yyyy)  | 4. Sal<br>\$                            | lary per   |                   | 5. Hours per week   |   |  |  |  |
| 6.                              | Employer's name and add                                 | fress  |   |  |                   | 7. Supervisor's name and  | phone number  |  |  |  |
|                                 |   |  |   |  | -                 | 7a. Name  |   |  |  |  |
|                                 |   |  |   |  | Ī                 | 7b. Phone   |   |  |  |  |
| 8.                              | May we contact your curre<br>If we need to contact your |  |   | an offer, we w   | ill contact you f | irst.   |   |  |  |  |
| 9.                              | Describe your duties and                                | accomplishments  |   |  |                   |   |   |  |  |  |
|                                 |   |  |   |  |                   |   |   |  |  |  |
|                                 |   |  |   |  |                   |   |   |  |  |  |
|                                 |   |  |   |  |                   |   |   |  |  |  |
|                                 |   |  |   |  |                   |   |   |  |  |  |
|                                 |   | Sect   | ion C – Ad                              | lditional Wo   | k Experience      |   |   |  |  |  |
| 1.                              | Job title (if Federal, includ                           |  |   |  |                   |   |   |  |  |  |
|                                 |   |  |   |  |                   |   |   |  |  |  |
| 2.                              | From (mm/yyyy)  | 3. To (mm/yyyy)  | 4. Sal<br>\$                            | lary per   |                   | 5. Hours per week   | •   |  |  |  |
| 6.                              | Employer's name and add                                 | iress  |   | ·  |                   | 7. Supervisor's name and  | phone number  |  |  |  |
|                                 |   |  |   |  |                   | 7a. Name  |   |  |  |  |
|                                 |   |  |   |  |                   | 7b. Phone   |   |  |  |  |
| 8.                              | Describe your duties and                                | accomplishments  |   |  |                   |   |   |  |  |  |
|                                 |   |  |   |  |                   |   |   |  |  |  |
|                                 |   |  |   |  |                   |   |   |  |  |  |
|                                 |   |  |   |  |                   |   |   |  |  |  |
|                                 |   |  |   |  |                   |   |   |  |  |  |
|                                 |   |  |   |  |                   |   |   |  |  |  |

|  |                                   |                                 | S                 | ection D - E                       | Education                        |  |                                |   |  |  |  |
|--|-----------------------------------|---------------------------------|-------------------|------------------------------------|----------------------------------|--|--------------------------------|---|--|--|--|
| 1. Last High School (HS)/GED school. Give the school's name, city, state, ZIP Code (if known), and year diploma or GED received: |                                   |                                 |                   |                                    |                                  |  |                                |   |  |  |  |
|  |                                   |                                 |                   |                                    |                                  |  |                                |   |  |  |  |
|  |                                   |                                 |                   |                                    |                                  |  |                                |   |  |  |  |
| 2. Mark highest level comp   |                                   | ome HS                          | HS                | G/GED A                            | ssociate 🔲                       | Bachelor   | Master                         | Doctoral  |  |  |  |
| <ol><li>Colleges and universitie<br/>attach a copy of your tra</li></ol>   | es attended.<br>anscript unle:    | Do not ss requested.            |                   | Total Cred<br>Semester             | its Earned<br>Quarter            | Majo   | r(s)                           | Degree (if any),<br>Year Received                 |  |  |  |
| 3a. Name   |                                   |                                 |                   |                                    |                                  |  |                                |   |  |  |  |
|  |                                   |                                 |                   |                                    |                                  |  |                                |   |  |  |  |
| City   | State                             | Zip Code                        |                   |                                    |                                  |  |                                |   |  |  |  |
| 3b. Name   |                                   |                                 |                   |                                    |                                  |  |                                |   |  |  |  |
| Sb. Name   |                                   |                                 |                   |                                    |                                  |  |                                |   |  |  |  |
| City   | State                             | Zip Code                        |                   |                                    |                                  |  |                                |   |  |  |  |
| •  |                                   | ,                               |                   |                                    |                                  |  |                                |   |  |  |  |
| 3c. Name   | <u> </u>                          | <u> </u>                        |                   | <u>, ,</u>                         |                                  |  |                                | <del></del>                                       |  |  |  |
|  |                                   |                                 |                   |                                    |                                  |  |                                |   |  |  |  |
| City   | State                             | Zip Code                        | ŀ                 |                                    |                                  |  |                                |   |  |  |  |
|  |                                   |                                 | letter (          |                                    |                                  | ` `  |                                |   |  |  |  |
|  |                                   | 4002                            | 37,387,878        |                                    | Qualification                    |  |                                |   |  |  |  |
| Job-related training course speed, etc.). Job-related c  | s (give title a<br>ertificates an | nd year). Job<br>d licenses (cu | -relat            | ted skills (othe                   | er languages, c                  | computer softw   | are/hardware                   | e, tools, machinery, typing                       |  |  |  |
| memberships in profession  | al/honor soci                     | eties, leadersl                 | hip a             | ctivities, public                  | speaking, and                    | d performance  | awards). G                     | ive dates, but do <b>not</b> send                 |  |  |  |
| documents unless requested.  |                                   |                                 |                   |                                    |                                  |  |                                |   |  |  |  |
|  |                                   |                                 |                   |                                    |                                  |  |                                |   |  |  |  |
|  |                                   |                                 |                   |                                    |                                  |  | •                              |   |  |  |  |
|  |                                   |                                 |                   |                                    |                                  |  |                                |   |  |  |  |
|  |                                   |                                 |                   |                                    |                                  |  |                                | •   |  |  |  |
|  |                                   |                                 |                   |                                    |                                  |  |                                |   |  |  |  |
|  |                                   |                                 |                   | Section F -                        | General                          |  |                                |   |  |  |  |
| 1a. Are you a U.S. citizen?  | Yes 🔲                             | No □ →                          | -                 | 1b. If no, give                    | the Country of                   | your citizenship   |                                |   |  |  |  |
| 2a. Do you claim veterans'   | nreference?                       | No <b>□</b> Y                   | <br>∕es <b>Γ</b>  | if ,                               | ves mark vour                    | claim of 5 or  | In points hal                  | 014/  |  |  |  |
|  | -                                 |                                 |                   |                                    | -                                | or other proof.  | •                              | ow.   |  |  |  |
|  |                                   |                                 |                   |                                    |                                  | l5) and proof r  |                                |   |  |  |  |
| 3. Were you ever a Federa  | ıl civilian emp                   | oloyee? No                      | $\overline{\Box}$ | Yes -                              | ➤ If ves. list                   | highest civilia  | n grade for th                 | ne following:                                     |  |  |  |
| 3a. Series   | 3b. Grade                         | ·                               |                   | 3c. From (mi                       |                                  |  | 3d. To (mm/                    |   |  |  |  |
|  |                                   |                                 |                   |                                    | 77777                            |  |                                | ,,,,,   |  |  |  |
| 4. Are you eligible for reins  | tatement bas                      | sed on career                   | or ca             | areer-conditior                    | nal Federal sta                  | itus? No 🔲   | Yes                            |   |  |  |  |
| If requested in the vaca   |                                   |                                 |                   |                                    |                                  |  |                                |   |  |  |  |
|  |                                   | Sec                             | tion              | G - Applica                        | ınt Certificat                   | tion   |                                |   |  |  |  |
| I certify that, to the best of   | my knowledg                       | e and belief, a                 | all of            | the information                    | n on and attac                   | ched to this ap  | plication is tr                | ue, correct, complete,                            |  |  |  |
| and made in good faith. It me or for firing me after I be  | egin work, ar                     | at laise or trained may be pur  | udule<br>nisha    | ent information<br>ible by fine or | i on or attache<br>imprisonment. | u to this application in the second in the s | ation may be<br>that any infoi | e grounds for not hiring<br>rmation I give may be |  |  |  |
| investigated.  | <del></del>                       |                                 |                   |                                    |                                  |  |                                | ······································            |  |  |  |
| 1a. Signature  |                                   |                                 |                   | ,                                  |                                  |  | 1b. Date (m.                   | m/aa/yyyy)  |  |  |  |
|  |                                   |                                 |                   |                                    |                                  |  |                                |   |  |  |  |